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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	o #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Organic Recovery, LLC (Name of Lim	nited Liability Company)	
4	ability Company for Authorization to Transact Business ubmitted to register the above referenced foreign limited	
Please return all correspondence concerning this r	matter to the following:	
Norman A. Peloquin, II		
(Na	ame of Person)	
Norman A. Peloquin, II P.C.		
(Fi	rm/Company)	
700 Pleasant Street, 5th Fl	oor	
	(Address)	
New Bedford, Massachuse	etts 02740	n7 AUG
(City/S	tate and Zip Code)	-
For further information concerning this matter, pl	ease call:	07 AUG 16 AM 10: 55
Norman A. Peloquin, II	at (508) 991-2300 원표	ည် :
(Name of Person)	(Area Code & Daytime Telephone Number)	٥.
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\sum \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Organic Recovery, LLC	
	(Name of Foreign Limited Liability Company)	
2.	Massachusetts 3. EIN: 13-4332383	
	(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
4	May 3, 2006 Serpetual	
٦,	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	January 1, 2007	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	105 NW 13th Avenue	
	Pompano Beach, Florida 33069	
	(Street Address of Principal Office)	
8.	If limited liability company is a manager-managed company, check here	9
9.	The name and usual business addresses of the managing members or managers are as follows:	07 AUG 16 AM 10: 55
	Jeffrey W. Young, Managing Member, 33 Cape Street, New Bedford, MA 02740	G - G
	SEE C	=
	F CP STE	2
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	D. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rec	ords in
	e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a anslation of the certificate under oath of the translator must be submitted.)	
1	1. Nature of business or purposes to be conducted or promoted in Florida: To process food waste; to	•
	sell waste-related by-products; and to conduct all other lawful business activities.	
	Jefre W. Yn	
	Signature of a member or an authorized representative of a member.	
	(In accordance with section 608. (08(1), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
	Jeffrey W. Young, Manager	

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name	of the	Limited	Liability	Company	is:
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Organic	Recovery,	L	LC
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2. The name and the Florida street address of the registered agent and office are:

(Name)	
105 NW	13th Avenue
	,

Pompano Beach, FL 33069 FL

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



The Commonwealth of Massachusetts

Secretary of the Commonwealth State House, Boston, Massachusetts 02133

July 31, 2007

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of registration of a Limited Liability Company was filed in this office by

ORGANIC RECOVERY, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on May 3, 2006.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **JEFFREY W. YOUNG**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: JEFFREY W. YOUNG AND IRA E. PERRY

The names of all persons authorized to act with respect to real property listed in the most recent filing are: JEFFREY W. YOUNG AND IRA E. PERRY



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Travino Galicin

Secretary of the Commonwealth